U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1 File Number U. 17/12/

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/2004 Through: /1/3/ 200 4
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name ROGER TAUSS	Name TRANSPORT WORKERS UNION
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 2 nd Hoon
Street 2714 02/VE 50, NW	Street 1700 BOSADUAY
City WASHINGTON,	CHY NEW YORK
State DC ZIP Code + 4 20007	State 1/1 ZIP Code +4 1/00/9-59
5. Position in labor organization.	
6 Name and address of Employer (including trade name if any)	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any).  Name MTRAK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  Am TRAK pass for railwardamin business only Travel would other wise be paid by union, so material  value to me.
Name AMTRAK  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.  Am TRAK pass for trailwardamin business only Travel would often wise be paid by union, so maderial value to me.  7.b. Amount
Name AMTRAK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Am TRAK pass for railwardamin businessinly Travel would often unie be paid by union, so material value to me.  7.b. Amount
Name AMTRAK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 M 9 5 5 G chu Salt3 De, NE	Am TRAK pass for trailwardamin hisinessinly Travel would often unie be paid by union, so material value to me.  7.b. Amount
Name AMTRAK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 M 9 55 G Chu Sabt3 De, NE  City WASHINGTON  State DC ZIP Code +4 20002-42	Am TRAK pass for railwardamin businessinly Travel would often wise be paid by union, so material value to me.  7.b. Amount.
Name AMTRAK  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 50 Mq s sc chu satts Az, NE  City WASHINGTON  State DC ZIP Code +4 20002-42:  Si  15. Signature and verification. The undersigned declares, under penalty	Am TRAK pass for trailward anning bearings only Travel would often wise be paid by union, so maderial value to me.  7.b. Amount  To Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the

Name of Person Filling Robert TAUSS	File Number U- 2028	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization b. Trust c. Employer	
	11.a. Nature of such dealing.	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).  Name  Trade Name, if any:		
DO Down Dide Down No. Home Co.		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	